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Beacon Light: May 1985

St. Cloud Hospital

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Saint Cloud Hospital

Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

Audiologist: No child is too young to have hearing tested



Cheryl Kloer, audiologist at St. Cloud's Ear, Nose and Throat Clinic, tests Ryan Gustafson's hearing. Each time Ryan hears a tone, he puts a peg in the board.

Phones ringing. Car horns honking. People talking. These are all sounds many of us take for granted. Unfortunately there is a significant number of people who can't enjoy these sounds — those who suffer from hearing loss.

Hearing loss often occurs during childhood. "The most common type of hearing loss is brought on by middle ear infections — earaches. Fortunately, these infections are generally treatable and the hearing loss is temporary," said Cheryl Kloer, an audiologist at St. Cloud's Ear, Nose and Throat Clinic.

Causes of permanent hearing loss

There are four causes of hearing loss that are permanent. These occur in the inner ear or even closer to the brain. The most common of these four is the congenital hearing loss with unknown origin. "With this type of hearing loss, we can't find any reason, familial or medical, for the loss. It just occurs," Kloer said. "It's a nerve-type of hearing loss which can range from mild to total

hearing loss."

Hearing loss can also be inherited. While this is a permanent type of hearing loss, it is usually not progressive.

Permanent hearing loss can also follow a bout with meningitis or can occur during pregnancy or immediately after the delivery. "Sometimes the babies suffer from anoxia (lack of oxygen)," Kloer said. An example of this is when the umbilical cord wraps around the baby's neck and the oxygen supply to the brain is cut off.

Detection of hearing loss

Most of the time hearing loss isn't detected until the child is 1 to 1½ years old. "Usually a child with hearing loss is brought in when the parent notices that the child is not developing speech," Kloer noted. It is very hard to detect hearing loss earlier than this

"The most common type of hearing loss is brought on by middle ear infections — earaches."

Cheryl Kloer,
audiologist

since the child is developing normally in other ways. They coo, babble, and react to their visual and physical environment just like other infants do. "You really need to observe a child over an extended period of time. Infants are very alert. They react a lot to visual stimuli, so they can fool their parents," Kloer continued. "By the time the hearing-impaired child is 1 to 1½ years old, vocal activities start to decrease because he or she doesn't get the auditory reinforcement other children get."

Sometimes the hearing loss isn't

"Very often behavior problems go along with hearing problems. The kids can't keep track of their environment through their ears."

Cheryl Kloer

detected until the child is in school. "Very often behavior problems go along with hearing problems. The kids can't keep track of their environment through their ears. They have difficulty following directions unless they see the teacher's face," Kloer explained. "The parents and teachers attribute the kid's actions to a behavior problem when in actuality it may be a hearing problem."

The biggest frustration for Kloer is that parents say they've been told that their child is too young to be tested for hearing loss. "No

child is too young!" she emphasized. "And the testing procedure does not usually involve a lot of expensive equipment so it shouldn't be a financial burden to the family."

Testing hearing

Children of all ages can be tested. The key for audiologists is to watch the child's behavioral response to sounds. Children under 1½ years are usually put in a sound-proof booth and presented different sounds through speakers that are positioned on either side of them. "Then we watch the response. Most children who hear the sounds will either look up or turn towards the sound," Kloer said. "For children who are over 1½ years old, we try to make the test like a game. We usually have them throw a block in a bucket or put a peg in a board when they hear the sound. The children think this is fun," she said. Kloer has found that children in their "terrible twos" are the most difficult to test. "A lot of these children are in the stage where they say 'no' to everything. This makes it difficult to get an accurate test."

Children, page 5 →

Can your child hear?

There are a variety of ways adults can *informally* assess their child's ability to hear. The following suggestions can be tried shortly after birth and can be used until the child is about 18 months old. Keep in mind that every child is different, and that answering the following questions will only give an *indication* of the infant's ability to hear. *They do not show proof that a child has a hearing problem.*

1. Do loud or strange noises startle or interest the baby?
2. Does the child turn toward a sound or react to it in some other way?
3. Does your child seem to hear the sound of footsteps or voices of people approaching and become more physically active in response?
4. Does your child understand

familiar words and phrases, such as "bye-bye" or "up we go" without the familiar gestures being used?

5. Does your baby recognize his or her own name?

6. By the age of 12 to 15 months is the baby using simple words such as "ma-ma" or "da-da"?

7. Does the baby use his or her voice to get attention?

8. Can your baby follow simple spoken directions such as "sit down" or "come here" by the age of 12 to 15 months?

If the answer to several of these questions is "no", it is possible that your child *may* have a hearing problem. If you have reason to suspect that your child may have a hearing problem, the best advice is to consult your physician.

ON THE COVER: The cover illustration shows the inner ear, which includes the cochlea and semicircular canals. For more information, see page 2.

Some hearing loss common as people grow older

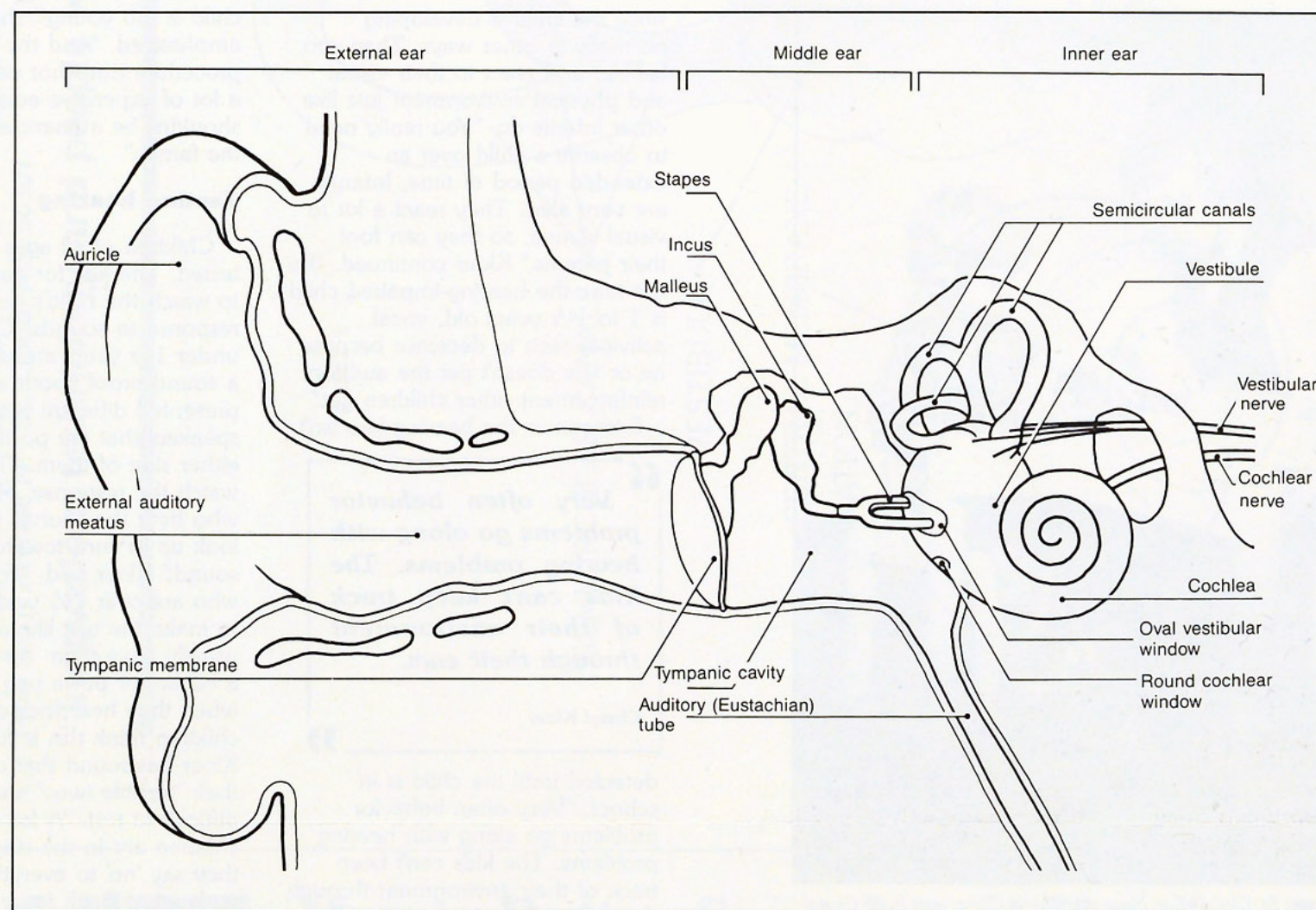


Diagram of the outer, middle and inner ear.

Have you noticed that you're playing the radio in the car louder than other people care for? Do you have to turn the TV up higher than other members of your family do, in order to hear it? Does the background noise at a party make it difficult for you to hear what someone is saying?

If so, you're not alone. It is estimated that several million Americans suffer from some form of hearing loss.

Major forms of hearing loss

There are three major forms of hearing loss, according to Dr. Severin Koop, ear, nose and throat specialist on the hospital's medical staff. They are conductive, sensorineural, and a mixed loss, which is a combination of the first two types.

A conductive hearing loss is potentially correctable. It can be caused by an ear-drum perforation, ear wax, middle-ear fluid, or some other problem that keeps sounds from reaching the inner ear. "This type of hearing loss can be treated with surgery or with other techniques," Koop said. "Hearing aids are also very helpful for people with a conductive hearing loss."

The most common type of hearing loss is sensorineural. "It's

what people often refer to as 'nerve deafness', but it involves more than just the nerves," according to Koop. This is the type of hearing loss people suffer from as they grow older. "As a person grows older they lose the ability to hear high tones. That's why it's hard to hear whenever there's any background noise — the TV on, a car running, crowds, things like that," he said. This type of hearing loss is a normal part of growing older, like needing glasses or developing grey hair. In fact, it is estimated that one-third to one-half of people age 65 and older suffer from some hearing loss.

"Hearing aids are also very helpful for people with a conductive hearing loss."

Dr. Severin Koop,
ear, nose and throat specialist

One of the problems commonly experienced by people with a sensorineural hearing loss is tinnitus, or ringing in the ears. "It can be very irritating for some people," according to Koop. Though many things have been

tried to eliminate the ringing, a "tinnitus masker" has been somewhat successful. "We determine the frequency of the tinnitus and then create 'white noise' that masks the sound of the tinnitus," he said. "People sometimes find the white noise more tolerable than the ringing."

Unfortunately, there is very little that can be done medically to improve hearing lost because of sensorineural damage. Sometimes the only thing that can be done is to recommend a hearing aid.

Hearing aids

Hearing aids are not like normal ears. Hearing aids amplify sound. They do not discriminate and tune out noises like people often do, nor does a hearing aid make unintelligible noises any more understandable — only louder.

The key to successful use of a hearing aid is the wearer's ability to discriminate sounds, according to Koop. "It takes a certain number of hair cells to distinguish between 'bat' and 'cat'. If the hair cells aren't there, a hearing aid may not be able to help. That's why grandpa says his hearing aid doesn't do any good and throws it in the drawer."

That doesn't mean a person shouldn't consider a hearing aid and even try one to see if it will help. "With the right hearing

testing, counseling and follow-up, a hearing aid may be very helpful," Koop said. "It's standard practice now for patients who get hearing aids to get them on a trial basis for one month. A person needs to try it to see what works or if adjustments need to be made."

"As a person grows older they lose the ability to hear high tones. That's why it's hard to hear whenever there's any background noise..."

Dr. Severin Koop

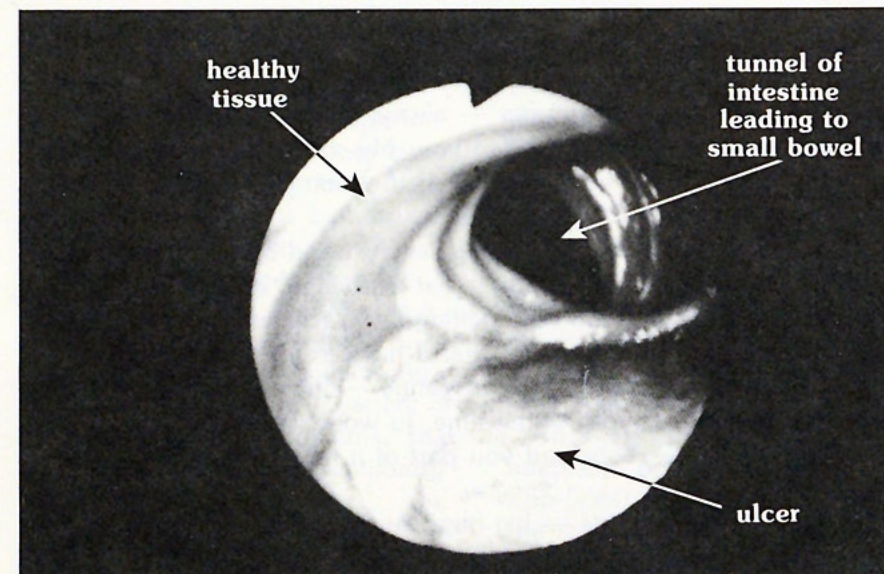
New research is being done to find ways of helping the hearing impaired that will go beyond the limitations of a hearing aid. One area of research that is showing considerable potential is the cochlear implant.

Cochlear implant

The cochlear implant has two parts; a tiny piece inserted into the inner ear, and a larger part worn outside on the body. The device

Hearing, page 6

Cigarettes, caffeine, aspirin play major role in ulcers



Endoscopic photograph of a duodenal ulcer. In a color photograph, the healthy tissue would be a shiny pink color and the ulcer would be green.

Ulcers. Just saying the word brings to mind the stereotype of the middle-age male executive who is under a lot of stress.

These people are not the only individuals who develop ulcers, according to Dr. Scot Hutton, a gastroenterologist on Saint Cloud Hospital's medical staff. "There is not a certain type of person who is susceptible to ulcers. And I don't think there's a higher incidence of ulcers in men or women."

What is an ulcer?

Just exactly what are ulcers and what causes them to develop? "An ulcer is a hole in the mucosal lining (protective layer) of the

intestinal tract," Hutton said. Ulcers can develop in any level of the intestinal tract — the mouth, esophagus, stomach, or small intestine — but they most commonly occur in the stomach

and duodenum (first portion of the small intestine).

Peptic ulcers are the most common type of ulcers. They are due to an overproduction of acid. "Our acid output is variable; there are peaks and valleys. Problems occur when the high production of acid is continuous," he said. This overproduction of acid is what usually causes an ulcer to develop in the duodenum. Ulcers in the stomach lining, more commonly known as gastric ulcers, usually occur when a normal amount of acid is being produced but a breakdown occurs in the mucosal lining which makes it easier for the acid to eat away at the lining.

Ulcers can also develop on cancerous tumors located in the lining of the stomach. "These ulcers generally look different than peptic ulcers and are quite uncommon," Hutton said. "They're even becoming less common

because cancer of the stomach is declining." Other types of ulcers are caused by certain medications and infections.

Causes

Hutton stressed that it is not a single factor that causes ulcers to develop, but it is a group of co-factors that affect acid output and the strength of the mucosal lining. The three biggest factors are cigarette smoking, caffeine intake and aspirin use. Stress and alcohol intake also affect the development of ulcers. Another interesting factor is seasonal changes. "We don't know why, but some people are more susceptible to ulcers in the spring and fall," Hutton said.

Pain in the upper abdomen is a frequent complaint from those who have developed ulcers. Another symptom is bleeding. "Some people may vomit blood, or it may show up in their stool," Hutton said. Nausea and poor appetite are symptoms that occur less frequently.

Myths

One of the biggest myths about ulcers is that drinking milk and eating bland food will neutralize the acid and help heal the ulcers. "Now we don't push for big dietary changes. In fact, some of the diets did more to produce acid than to decrease it," Hutton noted. "All foods act as natural buffers. The acid works at the food rather than at the mucosal lining."

Treatment

Treatment of ulcers can be simple or complex. "An ulcer will heal if you can protect it from

further acid damage by either building up the barrier or cutting down on the acid," Hutton said.

Antacids such as Maalox or Riopan are frequently used to treat ulcers since they (the antacids) neutralize the acid.

A revolutionary treatment is the use of histamine blockers which directly decrease acid output in the stomach by blocking the action between the acid-producing cells and the histamine. Histamine is the chemical responsible for stimulating the production of acid. "These blockers have had a dramatic effect on decreasing the number of ulcers," Hutton said.

Building up the mucosal lining is another way to treat ulcers. A new medication called Carafate has been designed to do this.

Surgery is also an alternative in the treatment of ulcers. Surgery is usually called for when there is a significant amount of bleeding or a perforation has occurred. "A perforation develops when the acid burns its way through the bowel wall," Hutton explained.

Obstruction of the passageway from the stomach to the small intestine would be another reason to perform surgery. And for those individuals who have a continuous problem with ulcers, surgery is performed as a way to prevent more ulcers from occurring. The surgery is done to cut down on the amount of acid being produced. "Fewer surgeries are being performed since new medications have been developed that reduce the amount of acid," Hutton concluded.

Story by Diane Hageman

Three SCH programs receive national recognition

Three Saint Cloud Hospital programs were honored in April by the American Can Company and its local subsidiary, Fingerhut Corporation.

The three programs — Holly Ball, Loan-A-Seat, and Free To Be — were some of 34 St. Cloud public service projects to be recognized in the nation-wide campaign called "America Can!"

American Can employees, as well as civic leaders and other community residents, were asked to nominate projects they felt were the most meaningful in their community. A selection committee consisting of American Can Company employees and other community representatives then

reviewed the recommended projects. To qualify, a program had to be a local effort; innovative or outstanding in its approach to solving a specific community problem or achieving a community goal; and successful with at least one year of continuous operation and evidence that the program is achieving its goals.

The Saint Cloud Hospital programs all followed the criteria. The annual Holly Ball is a joint project of the Saint Cloud Hospital Auxiliary, the Stearns/Benton County Medical Auxiliary and the West Central Dental Auxiliary. In the 10 years since the Holly Ball began a total of \$144,000 has been raised to help purchase

equipment for Saint Cloud Hospital.

The infant Loan-A-Seat program has been in operation since September 1982. The program has 475 car seats available for rent and averages 65 to 70 rentals per month. To date, two infants using Loan-A-Seat car seats have been protected from serious injuries in accidents.

Free to Be is a support group for children ages 5 to 12 who belong to families with a chemically-dependent member. Since October 1983, more than 115 children who might not have been reached in any other way have participated in Free to Be. The program is intended to help

build a sense of self-worth and teach the children how to make responsible decisions both in everyday situations and in special circumstances that can arise in the presence of a chemically-dependent person. The program is also designed to help prevent participants from becoming chemically-dependent themselves in later years.

St. Cloud was one of four cities chosen to initiate the America Can! project in part, because each city has a large concentration of American Can employees. The other cities were Houston, Fox Cities, WI, and St. Louis.

Former patient shares experience through poetry

Editor's note:

On June 16, 1984, Pete Daly suffered a heart attack and was hospitalized at the Saint Cloud Hospital for 13 days. While a patient at the hospital, he began writing a poem, the final version of which is reprinted here with his permission.

Since his return home to Albany, Minnesota, Daly has resumed his position as an English and composition teacher in the Albany schools. He is an active member of Saint Cloud Hospital's Cardiac Support Group and spends his free time doing woodworking and other craft activities.

Dear Lois,*

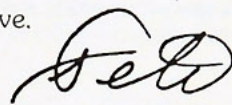
I have thought of you and your cohorts in care many times this summer — always with pleasure and an appreciation and thankfulness that you were where you were when I needed you. My stay with you was my first hospital experience in 51 years — at least in memory — and if I have another in the next 51 years, I hope the care equals yours. I did not enjoy my stay with you — but the TLC sure helped.

I am well recovered or recovering. I spend a lot of time in my shop, making sawdust and saving what is left over. I walk two miles a day in 35 minutes. I wish Albany had more streets. I eat everything Jeri serves, and then lick the platter. I've gained 23 pounds since I got home, but am only getting fat in the belly — and a little in the head. I feel great, and some of my favorite liars tell me I look better than I have in years. I'm back in school after loafing at home through September. The kids are breaking me in gently — they can and will work, they goof off without malice, know how to have fun. It's fun, almost all the time, to work with them.

I'm sending along a thing I started to write in the hospital — I showed you part of it then. It is finally beginning to say what I want it to.

If I were there in person now, I'd give you — and all your cohorts — big hugs, and tell you what exceptional people you are. I'm not there so grab some other handsome guy and have him do it.

Love,



*Lois Malepsy, occupational therapist in Saint Cloud Hospital's cardiac rehabilitation program.

Cardiac Rehearsal

I haven't had much practice dying.
At least I don't think so and I'm sure I'd remember.
It doesn't always happen all at once.
Sometimes it just pokes along in an ordinary way.
Nothing unusual about going to the bathroom at 4:00 a.m. —
Coffee or beer will do that.
Nothing unusual about a little gas — Maalox helps.
Nothing unusual about a little tension in the neck — Tylenol helps.
I can rationalize anything.
Nothing unusual about a second try at the bathroom at 4:30.
Nothing unusual about lighting another cigarette.
This is unusual.
As I settle down in the bathroom
Tentacles of tension circle neck and jowls.
Their grip assured and adjusted, they add the shoulders,
At first on top and then down, down, down
To lungs inside and below the shoulders.
The tension becomes a constriction,
Wringing out cold sweat; rivulets running,
Flooding salt-stung eyes, rinsing back and buttocks,
Puddling on the floor.
The constriction becomes a vertical python, pulsing and twisting,
Squeezing lungs to pulp
Crushing breath and thought and hope to gasping shambles.

The python seeks down, down, down,
Transformed into a raging convulsion that chokes,
That suffocates, that smothers, that strangles, that terrifies,
That can kill — or bring the blessing of oblivion.
Thank God for the blessing of oblivion.
I fell in the bathroom, maybe twice.
Something broke and the warning flew around corners and upstairs
And brought wife in seconds and Dr. Salk and the rescue squad
in minutes.

I can remember the look on Danny Weber's face —
I caught him before he pulled on his paramedical face.
Dr. Salk's shoes were not tied.

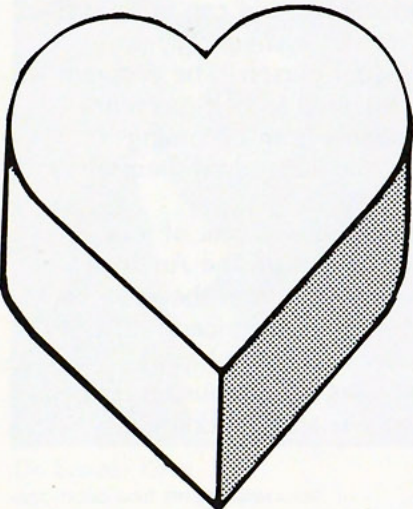
Danny and Dr. Salk talked to me from farther away than they were,
And I answered them from someplace I have never been,
And have no desire to return to.

I remember three pools of eyes —
Drowning in stunned tears of reality.
Almost widow, almost orphans.

I can't remember when I remembered to pray.

By Pete Daly

Hospital sponsors Cardiac Support Group



Saint Cloud Hospital and the American Heart Association co-sponsor the Cardiac Support Group on the third Thursday of the month. The group is designed to provide information, education, and fellowship to participants.

Activities include films, discussion groups, speakers, helpful hints for dealing with problems, and social activities.

The Cardiac Support Group is open to anyone who has had a heart attack, heart surgery or has risk factors for heart disease. Spouses and family members are also encouraged to attend.

For more information about the Cardiac Support Group, call the Continuing Education Department at 255-5642.

Nursing students receive scholarships

Congratulations to Saint Cloud Hospital School of Nursing students Linda Kragt and Charlene Stenger. The two juniors each received a scholarship for \$500 from La Societe Des 40 Homes et 8 Chevaux, St. Cloud Voiture 415. The scholarships were based on need and academic performance.

Kragt is from Milaca and Stenger is from Watkins.

Tel-Med receives 9,552 calls during first year

Your child has been exposed to chickenpox and you want to know what symptoms to look for. You are concerned that your sister seems to be constantly tired. You want some answers to questions about these problems.

Saint Cloud Hospital has the answer — Tel-Med. "Tel-Med is a library of tape-recorded health messages which can provide you with information about a variety of illnesses and health problems," said Jim Painter, director of continuing education.

The Tel-Med program started in February 1984 with 125 tapes. Tape topics range from arthritis to seat belt safety to Medicare. In October 1984, 51 more tapes were donated by the hospital auxiliary and the Midsota Plastic Surgeons group. "We started the program with a wide variety of tapes. We chose the additional tapes based on requests from callers in the community," Painter said.

During its first year, Tel-Med received 9,552 calls. The three most popular tapes are "I'm Just Tired, Doctor," "Am I Really

Pregnant?" and "Premenstrual Syndrome." Painter pointed out that while Tel-Med receives calls from many different people, the majority of callers are women. He stressed that Tel-Med tapes are not to be used in an emergency situation. "The Tel-Med tapes are strictly informational. They don't tell callers what illnesses they have, or instruct them in a procedure or skill," Painter explained.

To listen to a Tel-Med tape, interested persons should dial 255-5660 and give the operator the tape number they would like to hear. If the callers do not know the number of the tape, they can tell the operator the name of the tape or what topic they are interested in. (Brochures are available with the complete listing of tapes.) The operator will then play the tape which discusses the illness and the steps the caller can take to recognize or prevent it.

Tel-Med hours are 10 a.m. to 5 p.m. Monday through Friday. The Tel-Med station is staffed by volunteers. "We are very grateful to these volunteers," Painter said.

"They've been a big help to our department and we feel they've done excellent work. We also feel Tel-Med's first year has been a success. We think we've been able to help many people in the

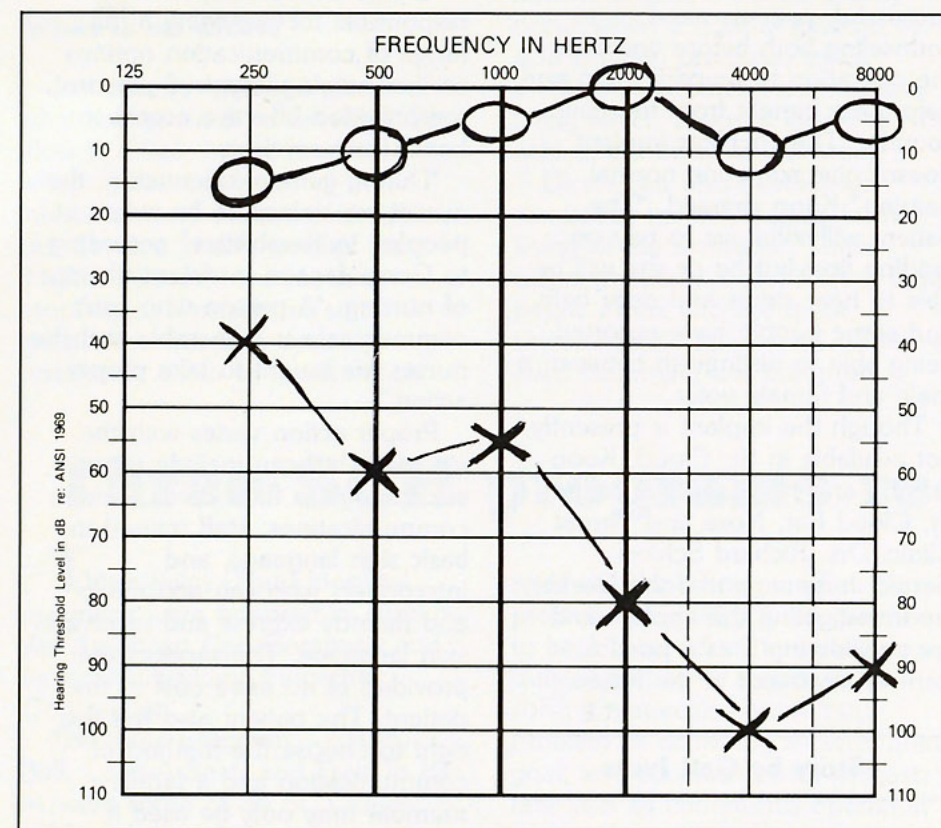
community and we hope to continue this service."

For more information or to receive a brochure on Tel-Med, call the Continuing Education Department at 255-5642.



The Tel-Med station is staffed by volunteers from 10 a.m. to 5 p.m. Monday through Friday.

Children



An example of an audiogram. The top line (O) shows normal hearing in the right ear. The bottom line (X) shows mild to severe hearing loss in the left ear.

What happens once a child has been diagnosed as suffering from hearing loss? The first step, if it is a medical problem, is to remedy the problem with medical treatment. This will usually work with those children who have middle ear infections. Children

with permanent hearing loss are fitted with hearing aids.

Next, the school system must be notified that there is a hearing-impaired child in their district that needs therapy. Schools are required to provide services for school-age (four years and up)

hearing-impaired children. Very often the schools also have programs for preschoolers. In the St. Cloud area, the families of preschoolers are referred to the speech therapy department at St. Cloud State University which has an excellent program for preschoolers.

Lastly, the parents are put in touch with the network of parents of hearing-impaired children in St. Cloud. "I can tell the parents that their child is going to grow up, get a job, get married, and lead a normal life. But that doesn't mean much coming from me. Those parents need to hear that from other parents of hearing-impaired children. They can turn to each other for help," she said.

Kloer emphasized that her main concern is communication. "The prime time for communication is when we're young. We want hearing-impaired children to hear as much as they can, as soon as they can."

Story by Diane Hageman



CORRECTION: In the April issue of the Beacon Light, Mary Gottwalt's (shown above as Arnie the Aardvark) work station was incorrectly identified. Mary is an LPN on 2 West. In the same issue in the list of volunteers, Sue Bewley was incorrectly listed as being on the Stearns County Social Services Board. It should have read New Beginnings Social Services Board.

Hospital phones are hearing-aid compatible

On January 1, 1985, a regulation went into effect requiring all hospitals to have public phones fitted for hearing-aid compatibility. That isn't a problem at Saint Cloud Hospital, according to Sam Wenstrom, vice president of personnel and public relations services. "All the public, as well as all the patient phones have been wired to meet this need, so we comply fully with the regulation," Wenstrom said.

The hospital has actually been in compliance since 1980 or 1981 when the phone system presently in use was first leased. At that time, the phones were wired for hearing-aid compatibility as they were installed.

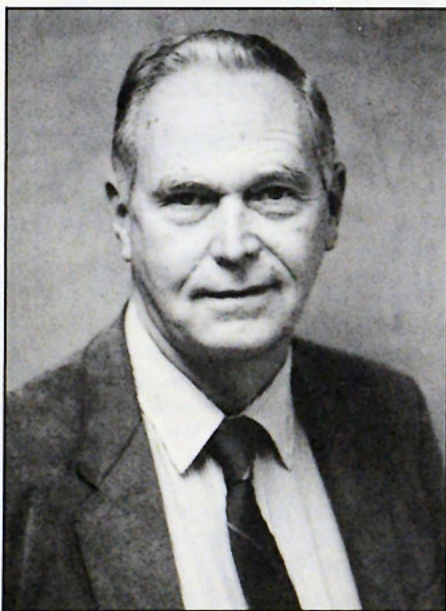
Phones which are "hearing-aid compatible" allow a person wearing a hearing aid to hear the conversation with less "feedback" than with an ordinary phone.

Hearing

picks up sound through a small microphone, converts it to an electronic signal and transmits it to a receiver inside the skull behind the ear, then by a wire to the cochlea, which sends a sound message to the brain.

The actual mechanics of inserting the cochlear implant aren't that difficult, Koop said, because there is no need to worry about causing any damage to the hearing. "You would never use the cochlear implant on someone who has any remaining hearing, because you wouldn't want to take the chance of damaging what little hearing is there."

"The cochlear implant is relatively new," he continued.



Dr. Severin Koop
ear, nose and throat specialist

DECIBEL RATINGS AND HAZARDOUS TIME EXPOSURES OF COMMON NOISES		
TYPICAL DECIBEL	EXAMPLE	DANGEROUS TIME EXPOSURE
0	Lowest sound audible to human ear	
30	Quiet library, soft whisper	
40	Quiet office, living room, bedroom away from traffic.	
50	Light traffic at a distance, refrigerator, gentle breeze.	
60	Air conditioner at 20 feet, conversation, sewing machine.	
70	Busy traffic, office tabulator, noisy restaurant. <i>At this decibel level, noise may begin to affect hearing if you are constantly exposed.</i>	Critical level begins
80	Subway, heavy city traffic, alarm clock at two feet, factory noise.	More than 8 hours
90	Truck traffic, noisy home appliances, shop tools, lawnmower. <i>As loudness increases, the safe time exposure decreases.</i>	Less than 8 hours
100	Chain saw, boiler shop, pneumatic drill. <i>Exposure may be dangerous at 100 dB, and with every 5 dB increase, the "safe time" is cut in half.</i>	2 hours
120	Rock band concert in front of speakers, sandblasting, thunderclap. <i>At 120 dB, exposure can injure the ear.</i>	Immediate danger
140	Gunshot blast, jet plane. <i>Noise at 140 dB may cause actual pain in the ear.</i>	Any length of exposure time is dangerous
180	Rocket launching pad. <i>Without ear protection, noise at this level causes irreversible damage.</i>	Hearing loss inevitable

"There have only been about 400 or 500 done to date. The most significant thing about the implant is that the FDA (Food and Drug Administration) just recently approved the procedure — it is no longer considered experimental."

Ideal candidate for implant

The ideal candidate for a cochlear implant is someone who has developed a complete hearing loss after developing speech, Koop said. This person has experienced more success with the relatively vague signals provided by the implant. This type of acquired hearing loss is relatively uncommon, according to Koop. "I can think of one patient in the last

"The cochlear implant doesn't give someone normal hearing. The patient will still have to rely on reading lips. . ."

Dr. Severin Koop,

ten years who would have qualified."

However, the guidelines for the implant have recently been expanded to include people with congenital hearing loss. The problem these people face is that they have never heard a sound and, suddenly, with a cochlear

implant, they are hearing all sorts of strange noises. "It can be very irritating," Koop said.

In order for the implant to be successful, patients need counseling both before and after the operation to prepare them and help them benefit from the new sounds. "The cochlear implant doesn't give someone normal hearing," Koop stressed. "The patient will still have to rely on reading lips, but he or she will be able to hear sirens and door bells, and some people have reported being able to distinguish between a male and female voice."

Though the implant is presently not available in St. Cloud, Koop said he and his associates at the St. Cloud Ear, Nose and Throat Clinic, Drs. Richard Schlorf, Gerald Jurgens, and John Decker, are investigating the implant and are considering it as a possible form of treatment in the future.

Story by Gail Ivers

Interpreters available for hearing-impaired

Saint Cloud Hospital is responsible for providing a full range of communication options so that hearing-impaired persons are provided effective access to health care services.

"During general orientation, the nurses are trained to be aware of peoples' vulnerabilities," according to Gerry Janson, assistant director of nursing. "A person who can't communicate is vulnerable and the nurses are taught to take proper action."

Proper action varies with the situation, but can include using such things as flash cards, written communications, staff trained in basic sign language, and interpreters who can accurately and fluently express and receive in sign language. The services are provided at no extra cost to the patient. The patient also has the right to choose the method of communication and a family member may only be used if specifically requested by the hearing-impaired patient.

In order to receive the most effective and prompt treatment, persons with hearing impairments should make sure the hospital staff is notified of the need for an interpreter or other auxiliary communication aid. Interpreters are available on both an emergency and non-emergency basis.

Employees honored at annual recognition dinner

Each year during National Hospital Week, Saint Cloud Hospital holds an employee recognition dinner. The dinner honors all employees who have worked at the hospital for five, 10, 15, 20, 25, and 30 years, as well as those employees who are retiring. In addition to the dinner, each honoree receives a gift from the hospital in appreciation for the many years of service. Following is a list of the 270 employees honored at this year's Saint Cloud Hospital recognition dinner.

5 YEAR HONOREES

William Affeldt, Mental Health Unit
Susan Aleckson, Continuing Education
Charlotte Alger, A & C
Thomas Allen, Continuing Education
Betty Andersen, 4 South
Carla Angell, Respiratory Care
Debra Baron, Nutrition Services
Jerry Boldon, Anesthesia
Phyllis Boudreau, PACU
Polly Brambrink, Nursing
Barbara Brown, Volunteer Services
Kathryn Carlson, Laboratory
Connie Charron, A & C
Norene Chavez, 4 Northwest
Linda Clark, A & C
Jeffrey Cziok, Mental Health Unit
Victoria Dahl, Home Care
Charles Dooley, Data Processing
Faith Dyson, Business Office
Cheryl Erickson, ECG
Linnea Feirer, Emergency Trauma Unit
Rhonda Fitzthum, ICU
Ronald Folger, Respiratory Care
Judy Folkerts, 3 South
Lou Ann Garner, Home Delivered Meals
Delphine Gillitzer, Housekeeping
Cynthia Girtz, Float Pool
Edna Grabuski, Telecommunications
Julie Grams, Medical Records
Linda Lee Gruba, Data Processing
Joann Haakonson, Float Pool
Roxane Hall, Surgery
Alice Hamm, Telemetry
Jerome Hansen, Physical Therapy
Jean Hayen, Float Pool
Sandra Hedin, Medical Records
Diana Heinen, Telecommunications
Daryl Henneman, 4 Northwest
Janell Holt, 3 South
Rhonda Holzheimer, School of Nursing
Michael Johnson, Nutrition Services
Marjie Jordan, 4 South
Sharon Judovsky, Housekeeping
Inez Jungels, Housekeeping
Bonnie Kahara, Float Pool
Jean Kimmes, Business Office
Shirley Kirchner, Processing & Sterilization
Joan Klehr, 3 South
Nancy Ann Kneip, Mental Health Unit
Mary Koczur, ICU
Karen Koenig, Nutrition Services
Doreen Koepf, 5 Northwest
Vivian Koerner, Surgery
Mary Kay Korman, PACU
Cheryl Kranz, 2 Northwest
Twila Krebs, 2 Northwest
Marian Ann Kremer, Coffee Shop
Lori Kay Kurovski, Nursing
Patricia Kustermann, Float Pool
Gladys Kustritz, Occupational Therapy
Rita Lahr, Telecommunications
John Latson, A & C
Patricia Laudenschach, Distribution Center
Barbara Lawler, EEG
Greta Leen, Admissions
Karen Leyendecker, Housekeeping
Linda Libert, Laboratory
Julie Lingl, 5 Northwest
Judith Loch, 5 Northwest
Pamela Loehner, Pharmacy
Violet Lovitz, Housekeeping
Mary Ann May, Radiology
Paul Mergen, Safety & Security
Diane Molitor, 3 South
Mary Mueller, ICU
Anita Murphy, 4 South
Russell Naegeli, 4 Northwest
Karen Neis, 4 South
Jennifer O'Brien, Nutrition Services
Camille Olsen, Float Pool
Laura Olson, ICU
Mary Oscarson, ICU
Lynn Palmersheim, 4 Northwest
Mary Jo Paulson, Surgery

Betsy Pearson, Radiology
Sharon Pearson, ICU
Beth Person, Float Pool
Judith Peterson, Nutrition Services
Lynn Pfannenstien, Business Office
Mary Jo Pfannenstien, Admissions
John Possin, Anesthesia
Sheila Probach, 2 Northwest
Mary Regan, Mental Health Unit
Carol Rentz, 4 Northwest
Donna Rossman, 4 South
Irma Rothstein, Laundry
Manilyn Ruhland, CCU
Kevin Thaddeus Sauer, Data Processing
Denise Scapanski, 4 Northwest
Brian Schafer, Pharmacy
Michelle Schmit, Nutrition Services
Barbara Schneider, Materials Management
Pamela Schwartz, Surgery
Janet Mae Shir, Nutrition Services
Mary Kay Smiglewski, Home Care
Nancy Sokoloski, Physical Therapy
Sr. Kara Hennes, Nursing
Sr. Rebecca Schmidt, Pharmacy
Cheryl Ann Supan, 2 Northwest
Kathy Sweeter, 3 South
Brent Thompson, Nutrition Services
Mary Tillman, Volunteer Services
Judy Trafas, 4 South
Jeffrey Trimble, Radiology
Daniel Truax, CCU
Gregory Wahlstrand, ICU
Bonita Wiehoff, AOS
Dorothy Wilson, ICU
Linda Winter, Nutrition Services
Jane Yager, Quality Assurance

10 YEAR HONOREES

Mary Ann Belden, Surgery
Kathryn Bowser, 6 South
Laura Burns, Employee Relations
Paulette Como, Outpatient Services
Dr. Robert Cumming, Medical Staff
Dolores Deppa, Nutrition Services
Louise Dingmann, Laundry
Denise Donnell, Housekeeping
Rosemary Eberhardt, Processing & Sterilization
Sharon Ellingson, Surgery
Elaine Franks, PACU
Janice Furcht, Nursing Service
Diane Gergen, 5 Northwest
Mary Grundahl, PACU
Sandra Henschke, Anesthesia
Beverly Hofmann, Quality Assurance
Geraldine Jensen, Physical Therapy
Charles Kalkman, A & C
Joann Keller, Medical Records
Marlene Kemp, Mental Health Unit
Jane Kittelson, Surgery
Kathleen Kost, Laundry
Virginia Kurr, Mental Health Unit
Karen Larson, Nutrition Services
Margaret Lauermann, Radiology
Alice Leyendecker, Laundry
Ellis Liesemeyer, A & C
Charlotte Lommel, 4 Northwest
Betty Ann Mader, Physical Therapy
Judith Majerus, 5 Northwest
Barbara McConnell, School of Nursing
Suzanne Mesna, Medical Staff Office
Elaine Mortensen, 4 Northwest
Sandra Nordquist, School of Nursing
James Painter, Continuing Education
Mary Peitz, Housekeeping
Karen Pikus, Medical Records
Evelyn Przybilla, Pharmacy
Mabel Rohling, Radiology
Lois Schmitt, Business Office
Mary Schmitt, ICU
Alice Schneider, 3 South
Janice Schutz, 5 Northwest
Sharon Spanier, 4 Northwest
Sr. Johnita Meyer, Medical Records
Mary Lynn Statz, 4 Northwest
Beverly Steil, Radiology
Claire Stock, 5 Northwest
Teri Taufen, Emergency Trauma Unit
Florianna Theisen, 3 South
Karen Vetsch, Housekeeping
Maureen Vorpahl, Emergency Trauma Unit
Deborah Werner, 4 Northwest

15 YEAR HONOREES

Michael Becker, Administration
Mary Billig, Radiology
Betty Bowman, Quality Assurance
Christine Carlson, CCU
Hazel Carr, 5 Northwest
Iria Champa, Mental Health Unit
Eleanore Chanaka, 4 Northwest
Barbara Eich, Home Care
Jeanette Ferche, Float Pool
Clara Gohmann, Housekeeping
Theresa Gregory, Float Pool
Sharon Hadrich, Emergency Trauma Unit
Paul Holthaus, Engineering
Thomas Hyslop, Print Shop
Ronald Jenderseck, 4 Northwest

Barbara Jonas, Float Pool
Karen Kleinschmidt, Nursing
Randolph Kremers, Nutrition Services
Rose I. Laudenschach, 4 South
Rose M. Laudenschach, Processing & Sterilization
Dorothy J. Libbesmeier, Surgery
Ruth Massmann, Radiology
Rev. John McManus, Spiritual Care
Theresa Moore, 2 Northwest
Dorothy Murtha, Emergency Trauma Unit
Patricia Obermiller, 4 Northwest
Kathleen Ohman, School of Nursing
Andrew Olson, Storeroom
Yvonne Ottem, Quality Assurance
Earl Pederson, Rehabilitation
Barbara Plachecki, Surgery
Joan Renn, 3 South
Joanne Rieder, Physical Therapy
Arvind Salvekar, Management Engineering
Janet Schnabel, 4 South
Marlene Schoenberg, Housekeeping
Sandra Selander, ICU
Kay Smidt, A & C
iRonald Spanier, Accounting
Sr. Marlene Guggenberger, Nutrition Services
Rev. Al Stangl, Spiritual Care
Karen Trutwin, 4 Northwest
Shirley Ulmer, 6 South
Andrea Voigt, 4 Northwest
Karen Weaver, Mental Health Unit
Virgie Zenner, Nursing

20 YEAR HONOREES

Janet Ahlstrand, 3 South
Mary Lou Amundson, 4 North
Colleen Burgoyne, Nursing
Pernina Burke, Laboratory
Mary Bye, Radiology
Laverne Feld, Business Office
Phyllis Herranen, School of Nursing
Rosemary Krauel, PACU
Kenneth Kuebelbeck, Laboratory
Ellen Lies, 3 South
Mary Ann Seydel, 4 Northwest
Martha Smith, Nursing
Elizabeth Turck, Emergency Trauma Unit
Mary Ulrich, 6 South
Lois Warnert, 6 South

25 YEAR HONOREES

Joanne Fettig, 6 South

Maynard Lommel, Materials Management
Ervin Nierenhausen, Housekeeping
Claude Przybilla, Laboratory
Elaine Silvers, Business Office
Sr. Mary D. Eickhoff, School of Nursing

30 YEAR HONOREES

Harold Knevel, Administration
LeRoy Martins, Engineering

RETIRING HONOREES

Marilyn Boike, 5 Northwest
12 years of service
Colette Briggs, Nutrition Services
29 years of service
Phyllis Burgmeier, 4 South
28 years of service
John Euteneuer, Storeroom
22 years of service
Clara Gohmann, Housekeeping
15 years of service
Margaret Golden, 3 South
24 years of service
Clara Hartman, Nutrition Services
16 years of service
Linda Hesch, Medical Records
12 years of service
Chris Hilsen, Laundry
22 years of service
Dorothy Hoffman, Emergency Trauma Unit
22 years of service
Harold Knevel, Administration
30 years of service
Beatrice Kneusel, School of Nursing
15 years of service
Constance Moline, Administration
19 years of service
Dorothy Patton, Business Office
17 years of service
Mary Lou Stang, Mental Health Unit
19 years of service
Lawrence Stewart, 6 South
31 years of service
Betty J. Strobel, 3 South
16 years of service
Ella Werner, Nutrition Services
19 years of service
Myrtle Zanoth, 4 Northwest
24 years of service
Donna Zima, 3 South
20 years of service

Satellite Registration Area opens

Patients who go through the hospital's Emergency Trauma Unit, Outpatient Services Unit or who are scheduled for outpatient laboratory tests will find both registering as a patient and being discharged from the hospital more convenient with the opening of the hospital's new Satellite Registration Area.

The Satellite Registration Area, located in the Emergency Trauma Unit, is staffed 24-hours a day and allows "all patient registration, admissions and business office paperwork to be completed in one area convenient to patients using these services," said Maribeth Woitas, head nurse of the emergency trauma unit. "We believe this new system should increase patient satisfaction."

Until now these patients, or the person who brought them to the hospital, would have to make a special trip to the Admissions Department to register, and would also have to visit the Business Office upon discharge from the hospital. Because of recent hospital remodeling, these areas

were relocated farther apart causing inconvenience to patients going through the Emergency Trauma Unit or Outpatient Services.

"Besides being more convenient for the patient, this new service should prove more efficient by improving the coordination and communication between the Emergency Trauma Unit, Outpatient Services and the Admissions Department," observed Woitas.

"Not all hospital patients will be registering at the new Satellite Registration Area," said Sister Marion Sauer, director of admissions. During the day and evening hours (from 5:30 a.m. to 11 p.m.) only those patients going through the Emergency Trauma Unit, Outpatient Services Unit or who are scheduled for outpatient laboratory tests will use the new service.

During the nighttime hours (from 11 p.m. to 5:30 a.m.) all patients coming to the hospital will be registered at the new Satellite Registration Area.

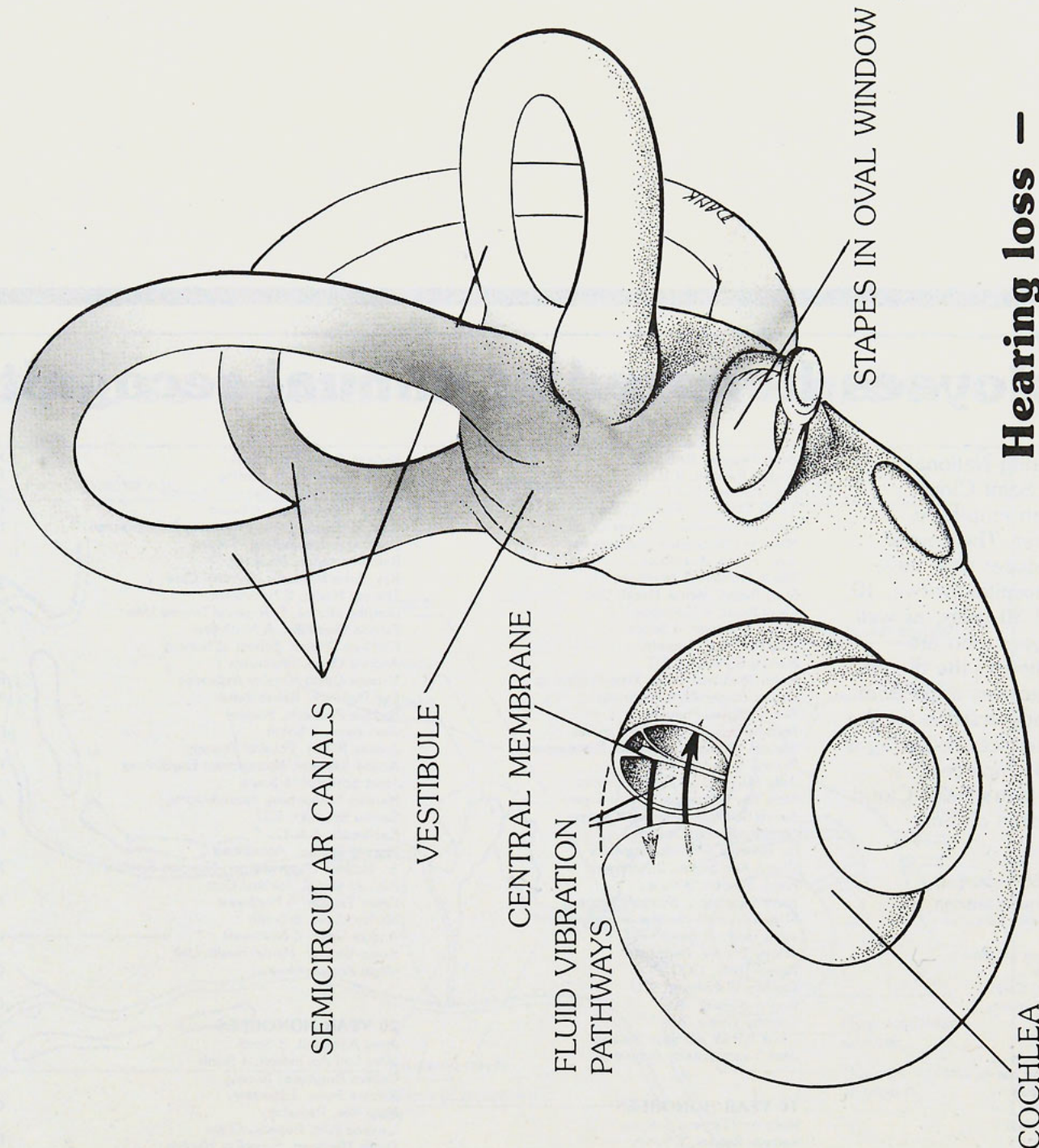
Saint Cloud Hospital

Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

"Innovation, technology and people who care ..."

May 1985



**Hearing loss —
the silent
disease:**

Stories begin on page 1.



May is Better Speech and Hearing Month

Did you know...

...hearing and speech disorders constitute our nation's number one handicapping disorder;
...it is estimated that one-third to one-half of the 65-year-old and

older population suffers from some hearing loss;

...excessive noise can cause high blood pressure, ulcers, mental stress and other problems in addition to hearing loss;

...3.5 million youngsters between the ages of four and seven years have a speech impairment;

...an estimated 22,000,000 Americans suffer from communication disorders —

problems with hearing speech or language;

...communication disorders affect more people than heart disease, paralysis, epilepsy, blindness, tuberculosis, cerebral palsy, muscular dystrophy, and multiple sclerosis combined;

...the yearly loss of earnings due to communication disorders is \$1,750,000,000.

May is Better Speech and

Hearing Month. You can help preserve your hearing if you avoid loud noises and wear ear protection when you are working around loud machinery. Most people with a hearing loss can be helped medically, surgically, through hearing aids, or through hearing-speech-language rehabilitation. For more information, contact the Council for Better Hearing and Speech, 10801 Rockville Pike, Rockville, MD, 20852.

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